

CITY OF TEMPE ENVIRONMENTAL SERVICES DIVISION

Total Toxic Organic Verification Form

Name of Facility:

Address of Facility:

Contact Person:

Contact Title:

Contact Phone:

Please check the appropriate box below:

- A. No toxic organic compounds as listed in Appendix A are used or stored at this facility.

- I elect to have this facility monitored for Total Toxic Organics (TTO's). I understand the potential exists that this facility could be required to assume all or part of the cost of sampling and laboratory fees for the implementation of this program. TTO monitoring shall be done on an annual basis.
- B.

- This facility elects to submit a Solvent Management Plan in lieu of the required TTO monitoring. I understand that this Plan must be recertified every six months in our Periodic Compliance Report.
- C.